

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
FOX ET AL.

Serial No. 09/500,269

Filing Date: February 8, 2000

Confirmation No. 2343

For: SYSTEM AND METHOD FOR
ASSESSING THE SECURITY
POSTURE OF A NETWORK USING
GOAL ORIENTED FUZZY LOGIC
DECISION RULES

Examiner: T. Ho

Art Unit: 2134



REQUEST FOR EXTENSION OF TIME

Mail Stop RCE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants in the above-referenced application respectfully request a one-month time extension for filing the response to the Advisory Action mailed September 9, 2004. Authorization is hereby given to charge the extension fee in the amount of \$110.00 to Harris Corporation Deposit Account No. 08-0870. If any additional extension and/or fee is required, or if any additional fee for claims is required, charge Deposit Account No. 08-0870.

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DATE OF DEPOSIT: September 15, 2004

NAME: Julie Lalan

SIGNATURE: Julie Lalan

Respectfully submitted,

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11/04/2004 EAREBAY1 00000035 080870

01 FC:1252 310.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/500269

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	27	minus 20 = 7
INDEPENDENT CLAIMS	4	minus 3 = 1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

2-24-02

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	27	Minus	27
Independent	4	Minus	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

1-26-04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	27	Minus	27
Independent	4	Minus	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

6-17-04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	27	Minus	27
Independent	4	Minus	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	690.00
X\$18=	124
X78=	78
+260=	
TOTAL	816

894

SMALL ENTITY OR

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	